

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101024, 818  
APPLICANT(S)

FILING DATE

Filed 3/5/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
11						
12						
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27						
28	1					
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31		1				
32		1				
33		1				
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39		1				
40		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	6					
TOTAL DEP.	11					
TOTAL CLAIMS	17					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
151		1						
152		1						
153	1							
154		1						
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200								
TOTAL IND.	1							
TOTAL DEP.	5							
TOTAL CLAIMS	6							

**CLAIMS ONLY**

 SERIAL NO. 10/024 818

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS